For Commission Use Only:			
Case:	08-0311		

OFFICIAL FILE ILLINOIS COMMENCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

Originali

Regarding a complaint by (Person making the complaint): Maria Orto Allew
Against (Utility name): Ellinoes - American Water
As to (Reason for complaint) Excessive Change for Water Moter (Springler) When said
moter Was not in use (I have prost). I had a broken Pipe after
my sprinkler system was flushed for the Winter of 2006 and
I asked water Company to these to see if there was a lead
They said 'no" there was no leak - four Amor Can a low
in Dwanser Illinois.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is
The service address that I am complaining about is 1719 Maughton Way-Sulanser IL 62226
My harme telephone is [<u>6/8</u>] <u>355-92</u> /2
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [6/8] 355-9212 = 35
My e-mail address is Will accept documents by electronic means (e-mail)
(Full name of utility company) Ellines - American Water (respondent) is a public utility and is subject
to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.
Please Consider this form Wo this section heing field due
Please Consider this form Wo this section heing feeled due to the fact I do not know to nor does the office on aging and others
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed? I am not sure \square Yes \square No

	Marlyn Celled 3/31/2008	of the
Please state your complaint briefly. Number each of	wants to set up Payment Plan	it. Use m 3 %
extra sheet of paper if needed.	Wants to set up Pagment Plan I disagree lierause 1.) no	Market Land
a salan as a	explaination I would have	Jan 1
and the state of	2 hiels When meter installed	and and a
of his he good of the	2) no lice for our 1 year	12021
Danta se sos	3.) no usage in winter months	The later
et Butter 60 by	4.) Broken Pipe Winter of 2006	343
	to mid summer 2007	7.333
Please clearly state what you want the Commissi	Oh to E Prod	. 00
frequest there is a mista	se or outright lie on The Part ? Wat	u ce.
NOTICE: If personal information (such as a social security	number or a bank account number) is contained in this complaint form or provi	ded later in this
	rfidential copy of the document. Any personal information contained in the public nission to the Chief Clerk's office. Any personal information contained in the c	
should remain legible. If personal information is provided i	in your public copy, be advised that it will be available on the internet through th	ie Commission's
,, , , = .	make, however, will only be available to Commission employees. If you file bo	ith a public and
confidential version of a document, clearly mark them as su	ıch.	
21 /a x		
.2/ /2 2	uch. Complainant's Signature: M. Outro-Allin	
Today's Date: <u>05/09/2008</u> (Month, day, year)	Complainant's Signature: M. Outro-Allica	
21 /a x	Complainant's Signature: M. Outro-Allica	
Today's Date: <u>05/04/2008</u> (Month, day, year) f an attorney will represent you, please give the attorney's	Complainant's Signature: M. Outro Allica name, address, telephone number, and e-mail address.	
Today's Date: <u>05/04/2008</u> (Month, day, year) If an attorney will represent you, please give the attorney's	Complainant's Signature: M. Outro Alloson name, address, telephone number, and e-mail address. file the original with the Commission's Chief Clerk. When filing the original compla	
oday's Date: (Month, day, year) f an attorney will represent you, please give the attorney's When you finish filling out this complaint form, you need to f	Complainant's Signature: Mail Outing Allow	
Today's Date: (Month, day, year) f an attorney will represent you, please give the attorney's When you finish filling out this complaint form, you need to forclude one copy of the original complaint for each utility co	Complainant's Signature: M. Outr. Allow name, address, telephone number, and e-mail address. File the original with the Commission's Chief Clerk. When filing the original complainment of about (referred to as respondents).	
Today's Date: (Month, day, year) f an attorney will represent you, please give the attorney's When you finish filling out this complaint form, you need to forclude one copy of the original complaint for each utility co	Complainant's Signature: Mathin Allian Allian name, address, telephone number, and e-mail address. file the original with the Commission's Chief Clerk. When filing the original complained about (referred to as respondents). VERIFICATION the form.	int, be sure to
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